

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039448

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 200

Primary Registration District No. _____

Registrar's No. 167

FILED NOV 13 1962

1. PLACE OF DEATH

a. COUNTY Maconb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN New CambriaLength of stay in lb
41 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION _____Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Maconc. CITY
OR
TOWN New CambriaInside Limits
Yes ☒ No ☐d. STREET
ADDRESS _____Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Harold E. McCully4. DATE OF DEATH
Month Day Year
October 24, 19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
3/10/999. AGE (last birthday)
63 yrs.IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
7 14 10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
rural carrier-ret.10b. KIND OF BUSINESS OR INDUSTRY
U.S. Mail11. BIRTHPLACE (City and state or country)
Callao, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

Tyson W. McCully

13b. MOTHER'S MAIDEN NAME

Alice Goodrich

14. NAME OF HUSBAND OR WIFE

Mabel Jones McCully15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. H.E. McCully, New Cambria, Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary ThrombosisINTERVAL BETWEEN
ONSET AND DEATH
10 min.Conditions, if any,
which gave rise to,
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Coronary artery disease20 yrs

DUE TO (c)

Atherosclerosis25 yrsPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)Acute Congestive Heart FailurePART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from August 1962 to Oct. 1962 and last saw him alive on 10-23-62
Death occurred at 1:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial23b. DATE
10/27/6223c. NAME OF CEMETERY OR CREMATORY
New Cambria Cemetery23d. LOCATION (City, town, or county)
New Cambria, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECEIVED BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

R. E. Hilliland New Cambria MoOct. 27, 1962Ruth McNeely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

NOV 16 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

H. E. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Canaan Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.